

## Service Verification Form

This is to verify that \_\_\_\_\_ has completed full-time, continuous employment in  
(Loan Repayment Recipient)  
good standing \_\_\_\_\_, for the service quarter beginning \_\_\_\_\_  
(approved service site) (MM/DD/YY)

and ending \_\_\_\_\_, as specified in the Arizona Loan Repayment Program contract executed with the Arizona Department of Health Services. This signed form is due 10 business days after the last day of the completed quarter of service to assure timely payment on the recipient's education loan(s). The form shall be submitted to:

**Arizona Loan Repayment Programs  
Office of Primary Care Resources  
Arizona Department of Health Services  
1740 West Adams Street Room 410  
Phoenix, Arizona 85007**

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I hereby verify that I have completed the above service quarter in accordance with the terms and conditions of my Loan Repayment Program contract. Please make payment on my educational loans as agreed upon in my contract.

\_\_\_\_\_  
Signature of Loan Recipient Date

State of Arizona )  
County of )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

By \_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
Notary Public

\*\*\*\*\*

I hereby verify that this service site and the services provided therein are in compliance with A.A.C.R9-15-207, Service Site Eligibility.

\_\_\_\_\_  
Signature of Service Site Date  
Executive Director/Administrator or authorized signatory

State of Arizona )  
County of )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

by \_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
Notary Public

===== **FOR OFFICE USE ONLY** =====

ACCOUNTING:  
PLEASE PAY LENDER: \_\_\_\_\_

Contract No. \_\_\_\_\_ SCHEDULED PAYMENT \$

FY \_\_\_\_\_ PCA \_\_\_\_\_ INDEX \_\_\_\_\_ % \_\_\_\_\_

FY \_\_\_\_\_ PCA \_\_\_\_\_ INDEX \_\_\_\_\_ % \_\_\_\_\_

Approved for Payment by \_\_\_\_\_ Date: \_\_\_\_\_